



**NEVADA STATE BOARD OF PSYCHOLOGICAL EXAMINERS**

4600 Kietzke Lane, Bldg B-116 - Reno, NV 89502 - (775) 688-1268

nbop@govmail.state.nv.us

**CHANGE OF ADDRESS / NAME FORM**

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**Change of Address**

Licensee Name \_\_\_\_\_

License # PY \_\_\_\_\_ (Required for name change)

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

The above is  Home  Work

NEW ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

The above is  Home  Work

The above should be listed as Directory / Public Information:  Yes  No

NEW PHONE: \_\_\_\_\_ / FAX: \_\_\_\_\_

NEW EMAIL: \_\_\_\_\_

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**Change of Name**

Along with the form, submit proof of name change and \$30 license

~~OLD~~ CURRENT NAME: \_\_\_\_\_

REQUESTED  
NAME CHANGE: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_